

CERTIFICATE OF ASSUMED BUSINESS NAME

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

08 JUN 27 AM 8: 48

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly.

NOTE: See instructions on reverse before filling.

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2. The true name(s) and business address(es) of the business under the assumed business name: Name	
Vick Scott 30	Complete Address Winchal Cir nuntt, ID 83(el7
3. The general type of business transacted under th	
	Submit Certificate of Assumed Business Name and \$25.00 fee to:
4. The name and address to which future correspondence should be addressed: Scott Pool Construction 3000 Windfall Cir. Emmett, ID 83617	Idaho Secretary of State 450 N 4th Street PO Box 83720 Boise ID 83720-0080 (208) 334-2301
Name and address for this acknowledgment copy is (if other than # 4 above);	
	Secretary of State use only
gnature: Wick Scott apacity/Title: Owner (asgneture required) pacity/Title: Owner (asgneture required)	TRANS PROPERTY OF STATE
apacity/Title: Own (see instruction # 8 on back of form)	IDAHO SECRETARY OF STATE 96/27/2008 05:00 CK: 394 CT: 158010 BH: 1121821 1 9 25.00 = 25.00 ASSUM NAME 1

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